the Defender®
CHILDREN'S HEALTH DEFENSE NEWS & VIEWS

$2M MATCH: Donate by April 30!

World Vaccine Congress: A Report From the Belly of the Beast

Dr. Madhava Setty and Dr. Elizabeth Mumper attended last week's World Vaccine Congress in Washington, D.C., where they observed that the more than 3,100 people, mostly from the pharma and biotech industries and regulatory affairs, who attended the event were highly focused on converting the vaccine-hesitant.

By Madhava Setty, M.D.

Photo credit: @vaccinenation/Twitter

Miss a day, miss a lot. *Subscribe to The Defender's Top News of the Day.* ***It's free.***

Last week I attended the 23rd World Vaccine Congress in Washington, D.C. — which bills itself as "The Most Important Vaccine Event of the Year":

> "Our event format allows for whole-sector topics, giving an opportunity for people to find out more about their specific area of research and their job-function. By running parallel niche conference channels over the 3 days, it increases the relevance of the whole event for everyone who attends.
>
> "During the sessions you will learn how cutting-edge research efforts can be integrated with
>
> - Pharma
> - Biotech
> - Academia
> - Government
>
> "to produce more and better vaccines to the market."

More than 3,100 people, largely from the pharma and biotech industries and regulatory affairs, attended the event.

Keynote speakers included prominent figures from public health agencies, including Peter Marks, M.D., Ph.D., director of the Center for Biologics Evaluation and Research (CBER) at the U.S. Food and Drug Administration (FDA); various directors of research at BioNTech and Moderna; and academic bigwigs like Peter Hotez, M.D., Ph.D., dean of the National School of Tropical Medicine and co-director of Texas Children's Hospital Center for Vaccine Development at Baylor College of Medicine (my own alma mater).

During the three full days of the conference, neither I nor Dr. Elizabeth Mumper encountered another physician presently in clinical practice.

The event was open to anyone willing to pay the entry fee, which started at $495 for students and went up to $1,000+. But from what I could tell, this was largely a gathering of big and small pharma, biotech and leaders in regulatory affairs.

General impressions

- The majority of attendees truly believe they are doing the right thing.
- The majority of attendees look no further than recommendations from agencies of public health to guide their opinions. In other words, they fully believe COVID-19 mRNA (and other) vaccines are exceedingly safe and have saved millions of lives.
- Beyond members of the FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) and officers from the UK Health Security Agency (UKHSA), few, if any, are aware of vaccine trial and post-marketing observational data around COVID-19 vaccine safety and efficacy.
- The keynote speakers and expert panel moderators who raised the topic of "vaccine hesitancy" were dismissive of those who managed to avoid vaccination and were openly contemptuous of those who encouraged others to do the same.
- Except for a few instances, the tone of the presentations and round table discussions were collegial. Aside from the pointed questions that Mumper and I were able to pose, there were no open hints that any of the attendees questioned the conventional narratives around the COVID-19 pandemic response.
- One-on-one exchanges revealed encouraging signs that not everyone there has bought the conventional narratives around the pandemic.
- Calls for public-private "partnerships" were a common theme.

I was able to attend only a fraction of the hundreds of presentations and panel discussions during the conference. Below I summarize the most important points from the sessions I attended and key conversations I had with the presenters.

Note: Throughout this article I have quoted myself and others. I do not have access to any audio or video recordings from the sessions, if there are any. Quotations are paraphrased from my own recollection and are not to be taken verbatim.

Introduction to the conference: Anti-vaxxers are dangerous, expect annual COVID vaccinations

Dr. Gregory Poland, director of vaccine research at the Mayo Clinic, delivered the opening remarks. He then moderated a panel discussion with Marks; Paul Burton, chief medical officer at Moderna; Isabel Oliver, chief scientific advisor transition lead at UKHSA; and Dr. Penny Heaton, vaccines global therapeutic area head, Johnson & Johnson.

This first session was possibly the most fascinating 90 minutes of the entire week. Poland, I learned in a brief conversation with him after the conference, is also a pastor. His oratory skills were on full display during his opening and closing remarks. He also is vaccine-injured.

In February 2022, Poland reported suffering from significant tinnitus after receiving the second dose of "an mRNA vaccine." At the time, Poland described his symptoms as "extraordinarily bothersome." Nevertheless, he chose to receive a third dose (monovalent booster).

Poland's commentary on the COVID-19 mRNA vaccines was extremely positive. He said the rapid deployment of the new therapy saved millions of lives and would have saved millions more if it weren't for the disturbing trend of growing vaccine hesitancy.

I assumed that his vaccine-induced tinnitus had resolved over the last year. It was only at the end of the conference, several days later, when he told me personally that his symptoms were still debilitating, making his unmitigated support of these products even more astonishing.

Poland set the tone for the four-day conference in the first 10 minutes. In his mind, the COVID-19 pandemic was halted through the hard work of our regulatory agencies and the remarkable products borne of the mRNA platform.

The only failure came in the form of "inexplicable" vaccine hesitancy, a phenomenon driven by anti-vax pseudoscientists who are profiting from spreading baseless, fear-driven propaganda.

Combatting vaccine hesitancy is as big a challenge as protecting the world from the next deadly pathogen. Indeed, a significant portion of the events focused on strategies to dismantle the troubling "anti-vaxxers."

Marks supported Poland's position that the vaccine-hesitant are irrational, "It's crazy that they don't get how great vaccines are," he said. "I am past trying to argue with people who think that vaccines are not safe."

I found this remark to be particularly disquieting. What is it going to take for the director of the FDA's CBER to reassess the safety profile of the mRNA shots?

The panelists expressed shock that some states (Idaho and North Dakota) are considering bills making the administration of COVID-19 mRNA vaccines illegal.

"How can we get the public to understand that science is iterative?" Heaton asked. "COVID vaccines save lives!"

Poland responded: "Can we get an amen?!!"

Marks, flanked by his partners — I mean counterparts — in industry let the audience know what the future would look like. "I am not going to hold my breath waiting for a sterilizing vaccine, protecting against severe disease is enough," he said.

Marks predicted COVID-19 vaccines would be administered annually or even biannually.

He noted that the challenge will be to identify the strain of interest in June so that we can have a vaccine by September. A 100-day turnaround is possible as long as we have manufacturing ready to go, he said. Heaton (J&J) and Burton (Moderna) nodded in response.

To summarize, leaders of the vaccine industry and the regulatory agencies are, in my impression, convinced that they have offered the world an amazing product and are frustrated that it is not being readily and universally accepted.

They cited the fact that although 70% of Americans received the primary series, only 15% have chosen to receive the bivalent booster that became available in September 2022.

The reluctance of the public to accept the shot, they think, is due to the perceived reduction of threat of the disease, which can be overcome by "proper messaging."

Of course, the public is correct. The pathogenicity of the strains now circulating is less than the original ancestral strain from 2020. The possibility that reduced uptake could be linked to a poor safety profile was never mentioned.

In their minds, vaccine injuries and serious adverse events are extremely rare. Their incidence has been exaggerated by anti-vax rumor mills. Poland joked that "maybe we should start a rumor that microchips are in ivermectin!"

His rejoinder was met with only sparse, nervous laughter.

Roundtable discussion: 'Insights and tools to counter vaccine hesitancy'

Though the speakers at the introductory session were clearly entrenched in the "safe and effective" position, they acknowledged that there was a strong and growing swath of the population that was vaccine-hesitant.

More importantly, they were interested in dismantling this movement and not ignoring it. It was an opportunity to engage with them, perhaps in smaller groups or individually. I made my first attempt at a roundtable discussion where people could offer ways to convince the "anti-vaxxers" that they were wrong.

I found myself sitting next to Dame Jennifer Margaret Harries, a British public health physician and chief executive of the UKHSA. The UKHSA has been publishing U.K. health surveillance data with more granularity and frequency than our own Centers for Disease Control and Prevention (CDC).

I let her know that I appreciated the data coming from her agency and that I began following the agency's regular surveillance reports two years ago. She was grateful for the acknowledgment and appreciated my interest in her work.

It was the UKHSA that offered the first glimpse of negative efficacy of the COVID-19 vaccines in a public dataset in September 2021.

I asked Harries about that and her tone immediately shifted. She said she was aware of no such thing and that she would have to look into it before commenting.

I was surprised by her response. The report from September 2021 wasn't an aberration. Subsequent reports from the agency over which she presides indicated there was a large and growing incidence of COVID-19 among the vaccinated compared to the unvaccinated.

The UKHSA stopped making that data available several months later. I wanted to know why, but she was unwilling to answer.

I changed tactics and asked her about Tess Lawrie, Ph.D., of the Evidence-Based Medicine Consultancy who notably saw safety signals in the U.K.'s Yellow Card system and, in an open letter in June 2021, urged the director of the Medicines and Healthcare products Regulatory Agency to halt the British vaccination campaign.

Harries looked at me sternly and said, "There are a number of prominent physicians in my country who are gaining fame for their unfounded positions around vaccine dangers, most recently a cardiologist."

"Do you mean Dr. Aseem Malhotra?"

"Yes. He has gotten a lot of attention of late."

Harries didn't think Malhotra or Lawrie held credible opinions, or at least that's what she told me. It wasn't easy for me to accept this. We didn't have a chance to speak about this further. I had another brief interaction with Harries later in the week (see below).

An American pediatrician chaired the roundtable. He opened the discussion with a request for ideas on how to counter vaccine hesitancy.

I had one:

> "It's obvious that the Krispy Kreme doughnuts and travel restrictions are carrots and sticks that have only partially worked. Those that remain hesitant are steadfast in their position because they have looked harder than most.
>
> "They aren't believing rumors. They are listening to credentialed physicians and scientists who have authored numerous peer-reviewed papers and who happen to be COVID-19 vaccine critics. Why don't we engage them openly and see what they have to say?"

Katie Attwell, Ph.D., a professor from the University of Western Australia whose interest is in vaccine policy and uptake, shot down that idea. I didn't know who she was at the time. I did manage to speak with her personally later in the week. Her rebuke was curt and to the point, "We cannot give any voice to the critic," she told me. "Once the public sees them on equal footing with us they may believe what they are saying."

Implicit in her strategy is the idea that the public cannot separate information from misinformation. Truth, in her mind, cannot stand on its own. It needs to be identified by those who know better.

Of course, there is another possibility. Perhaps she knows what the truth is and wants to hide it. My initial impressions were that she was earnestly doing her duty to protect the public through whatever means necessary. It would all come down to assessing her breadth of knowledge on the topic.

Chris Graves, the founder of Ogilvy Center for Behavioral Science, supported Attwell's position. He was a smiling, gregarious fellow, who, I found out later, was hired by Merck to analyze different personality types and value/belief systems among the "anti-vax" camp.

Image source: Chris Graves, poster presented at conference.

Once a person is properly categorized, "personalized messaging" can be used to bring them back to "reality." According to the abstract of his study:

> "Just as precision medicine treats individuals, this study of 3000 parents (inclusive of all demographics) in the USA sought to identify the most effective personalized messaging to address vaccine hesitancy among parents. First, it sought correlations between: demographics; stated specific reasons for vaccine hesitancy; cognitive biases; cognitive styles; identity-linked worldviews; and personality traits.
>
> "Second, it tested 16 messages in the form of mini-narratives, each embodied with a behavioral science principle, to find if certain messages resonated better than others depending on the many factors above."

I later asked him how he would respond to someone who looked at the trial and observational data and found that it told a different story about the vaccines' safety. He smiled, "Oh, those are the ones that have a higher need for cognitive closure. Yes. They are stuck because they cannot move forward if there is any uncertainty."

Graves couldn't describe what the "personalized messaging" would look like for this group specifically, only that it existed and had been proven to be more effective than the other types of messaging

I asked him if he was aware of how many reports of adverse events had been registered in the Vaccine Adverse Event Reporting System. "No," he said, still smiling.

Panel discussion: 'What vaccines and COVID have taught us about the science of immunology'

The panel included Ofer Levy, M.D., Ph.D., director of the Precision Vaccines Program at Boston Children's Hospital and VRBPAC member.

This discussion centered around the lack of good biological markers for vaccine efficacy. According to the consensus position of the VRBPAC, antibody levels are not a surrogate for protection.

In other words, an immune response to the vaccine in the form of antibodies should not be used to judge whether the vaccine will do anything useful. Nevertheless, pediatric trials of the original formulation used them as proof of efficacy.

One of the expert panel members was Sharon Benzeno, Ph.D., chief commercial officer of Immune Medicine at Adaptive Biotechnologies, who offered encouraging information. She felt that our approach was too centered on antibody responses and that it would be possible to identify biochemical markers of vaccine-induced cellular immunity in the future.

Levy agreed that this would be an important addition to our fund of knowledge moving forward.

When it came time for questions, I asked the panel:

> "As we all know, uptake of the bivalent booster is very low. People are unwilling to subject themselves to another shot because there are no trials that look at outcomes, only immunogenicity, which you yourself are saying is insufficient. Why not insist on trials that can prove an outcome benefit?"

Levy responded that the advisory panel had no say in what kind of studies were required. His advisory committee could only vote yes, no or abstain with regard to approval/authorization.

Another panel member, Alessandro Sette, doctor of biological science, head of Sette Lab and professor at La Jolla Institute for Immunology, piped in, "It wouldn't be practical. The signal is too small because we are no longer dealing with a non-naive population."

Sette had taken the bait. He was saying that most people have either been vaccinated or exposed to the virus already. The booster would have little benefit, if any, on a population that was already protected.

I asked the obvious follow-up: "So why then are we insisting that everyone get boosted?"

Harries, the moderator, immediately stepped in, "Okay, we have veered off topic. Next question."

I was beginning to understand how this conference was being managed. I don't believe the sponsors of this meeting expected to encounter many probing questions about the quality of the COVID-19 vaccines from the audience who paid for their expensive tickets. When and if they arose, moderators were quick to intervene.

Was it possible that others in the audience saw what was happening? I believe it to be so. Every time I asked a question, people seated near me told me that they appreciated the question and wondered why it went unanswered.

Even a non-scientist from Moderna approached me several times throughout the conference to let me know she agreed that responding to these issues would be the best way to "increase uptake" and that she was planning on forwarding my questions to her scientific staff.

Panel discussion: How does vaccine law impact uptake and access?

This group was moderated by a lawyer, Brian Dean Abramson, "a leading expert on vaccine law, teaching the subject as adjunct professor of vaccine law at the Florida International University College of Law."

His opening remarks demonstrated his contempt of the vaccine-hesitant:

> "We didn't get to herd immunity because of these anti-vaxxers.
>
> "They are dangerous. In 2021, they received $4 million in donations. It is estimated that in 2022, more than $20 million have been funneled to their movement."

The panel included Attwell, whose position was clear from her flat response to my suggestion earlier. Her public page indicates that she has received approximately $2 million in funding for her research into increasing vaccine access and uptake.

Attwell is not a physician or a medical scientist. However, also on this panel was a public health physician from Johns Hopkins Bloomberg School of Public Health, Chizoba Wonodi, Ph.D., who has 27 years of experience in Africa, Asia and America.

I was encouraged by the flexibility in the audience from my prior challenges and when offered the microphone, I opened with a more aggressive salvo directed at the moderator:

> "'Anti-vax' is pejorative and reflects ignorance about who the vaccine-hesitant are and why they believe what they believe. This is further reflected when you insert terms like 'herd immunity' with regard to this pandemic. Without a sterilizing vaccine, or even one that can prevent infection, herd immunity is an impossibility.
>
> "Rather than inflaming the situation, why don't we engage with the doctors and scientists who are vaccine-cautionary and hear their arguments in a fair, open and public discussion?"

Once again, Attwell politely but sternly warned the audience that this would be too dangerous in her opinion. I expected that. And I also was again encouraged that the three people sitting around me acknowledged that my point was valid and that it was puzzling that the panelists would not address the merits of my position.

Afterward, Chizoba approached me and let me know she appreciated my question. In her work, she has found that education is the most important thing. She was kind; she believed that many of the vaccine-hesitant physicians could be reached by providing them with the proper information.

I asked her how she would address a physician who simply felt that authorizing a therapy where the double-blinded trial demonstrated a greater all-cause mortality than the placebo was not only unprecedented but illogical.

She stared at me blankly. "Is this from a new study?" she asked.

I told her that this was from the published interim results from the Pfizer/BioNTech trial, the trial that launched the worldwide vaccination campaign. She was not aware of the results.

To her credit, she admitted that she hadn't looked at the paper but planned on doing so.

The final day

I attended a session titled "Let's Talk Shots" where Daniel Salmon, Ph.D., presented the work being done at Johns Hopkins Institute for Vaccine Safety.

"LetsTalkShots is designed to support vaccine decision-making. It shares engaging animated content based on a person's questions or concerns."

Suffice it to say that there is a lot of thought, money and energy behind the campaign to vaccinate the public. The approach once again is around targeted messaging, which acknowledges that different people need to hear different types of information.

Attwell also presented to the same audience. In this forum, she pointed out that the U.S. government was more tolerant of the vaccine-hesitant than in her country. She suggested that our religious and philosophical exemptions should be eliminated entirely. Only the strictest medical exemptions should be permitted. This will lead to better outcomes.

After her talk, I approached her. She looked up as if she was expecting me to ask her some questions. I asked her if she would be willing to have a more open conversation about her research and opinions. She was.

I let her know that I thought she was smart enough to realize that I was, in fact, a vaccine skeptic. She nodded her head.

"So," I said, "the number one disinformation spreader may be running for President of the United States. What do you think should be done?"

She smiled uncomfortably and said, "Yes, it's going to be hard to keep him from getting oxygen."

In other words, her proposed approach to suffocate the anti-vax spokespersons becomes much harder when they are running for the highest office in the land. I thought she might be willing to reconsider her strategy. She wasn't.

I tried a different approach. I explained that in my investigation, I haven't found enough evidence that the COVID-19 mRNA shots were safe or effective, however, I was open to the possibility that the mRNA platform may eventually prove to be a powerful way to create therapies that are safe and effective in the future.

What good would it be to have this technology if half of the public no longer trusts it or the people who are shoving it down their throats while denying them an opportunity to debate them?

"Yes. That's a good point."

I told her that in this country, doctors are unwilling to write religious or philosophical exemptions to COVID-19 vaccines for fear of backlash. Many employers won't accept them anyway, so her position is moot.

"Yes. That's true."

I asked her what would be a cause for a medical exemption. She didn't know. I explained that medical exemptions are considered valid ONLY if the person has evidence of a prior reaction to an mRNA vaccine or to one or more of the ingredients in them. Nobody but a handful of people on the planet knows what exactly is in these things.

How would a doctor (or anyone else) know whether a given person was at an increased risk for an untoward event?

"I don't know."

I asked her if she was aware of the evidence of medical fraud around the Pfizer vaccine trials. She said she read something about it a while ago but didn't think it was important.

Finally, I asked her why she thought vaccinating everyone was the right thing to do.

"Vaccination rates in my country are higher than in yours and we fared better."

But there are countries whose vaccination rates are much lower than both countries and mortality rates are even lower. How could she explain that? She couldn't.

Observations from Dr. Elizabeth Mumper

Mumper attended "Partnering for Vaccine Equity Program," chaired by Joe Smyser, Ph.D., CEO of The Public Good Projects.

She shared this with me:

> "This lecture was about vaccine acceptance and demand, specifically social and behavioral drivers, and how to link action and policy through the use of the social sciences.
>
> "The strategy was to empower community leaders to take public health messages to communities. The research showed that disparities in vaccine acceptance decreased in black and brown communities which had the program. Research shows that now the most vaccine-hesitant are white, rural and right-wing.
>
> "In the program described, they worked with social media influencers (like young women who did beauty blogs) to repeat public health messages to their audiences. They identified 212,700,000 disinformation messages about vaccines, most of which came from the United States.
>
> "In this project, they worked closely with Twitter and facilitated the removal of what they deemed misinformation. They recruited 495 influencers who

Donate Now
You make the difference.
GUIDESTAR PLATINUM SEAL OF TRANSPARENCY 2020

Latest News
COVID Likely Emerged From Wuhan Lab — and Earlier Than Previously Believed, Senate Report Concludes
Soils in Natural Ecosystems Just as Contaminated as Urban Soils, Study Finds
U.S. Invests $1.5 Billion to Spur 5G Rollout Despite New Evidence of 'Devastating' Health Issues
MORE NEWS

Latest Views
Foods Containing These 5 Toxic Chemicals Could Be Banned Under New Law
Big Ag Panicking Over Bill to Require Labeling of Gene-Altering Products
Risky Weight-Loss Jabs + Declining Life Expectancy for Kids: 'This Week' With Mary + Polly
MORE VIEWS

Get FREE News & Updates!
First Name..
Last Name..
Email..
SIGN UP

Get Text Alerts
Sign up for breaking news from The Defender.
Currently only eligible for numbers in the U.S. and Canada.
1234567890
Phone
REQUIRED. Phone number must be in a standard 10-digit format: 1234567890 or 123-456-7890
CONTINUE

> would share information voluntarily with their followers. As a result, they reached 60 million people.
>
> "They know that so-called 'anti-vaxxers will not come after social media influencers.' The program provided training and webinars to educate how to compose effective public health messages.
>
> "This public health social scientist called anti-vaxxers 'idiots and jerks.'
>
> "During the question and answer period, I said that in my experience, many parents who were vaccine-hesitant were very smart and had advanced degrees. People like doctors and lawyers and engineers knew someone in their family who had an adverse vaccine reaction. I suggested it would be more effective to engage with the vaccine-hesitant and discover what data they are relying on rather than using vitriolic name-calling.
>
> "I am paraphrasing the speaker's response below. He said, 'We work upstream. We want to know where they are getting their misinformation. I can call people idiots and jerks if they are giving out misinformation. If you even raise questions like about the HPV vaccine, you will get speaker invitation and book deals. People are getting rich from spreading misinformation. We know what the right information is.'"

Mumper summarized:

> "It was profoundly disturbing for me to hear details about how social scientists and public health officials worked directly with Twitter to remove content they deemed to be misinformation. Their assertion 'that we know what is true' did not ring true. Their efforts were directed at increasing vaccine uptake in all age groups for which emergency use authorization had been granted.
>
> "The speaker did not seem to take into account the First Amendment rights for free speech of those who posted data questioning the effectiveness of COVID vaccines.
>
> "I was surprised by the vitriolic rhetoric directed at those who reported side effects from the vaccine or who questioned the risk-benefit ratio.
>
> "It was unsettling to hear how public health officials courted social media influencers to spread messages for their followers to get vaccinated. Yet they scrubbed messages from doctors and scientists who posted inconvenient data about COVID-19 vaccines."

The last question of the symposium

The final day wound down with another plenary session. Once again, Poland moderated a panel of vaccine researchers who discussed how to quickly manufacture more durable vaccines, i.e., ones that would have longer-lasting protection.

One of the researchers made a remarkable observation. Early in the pandemic, prior to vaccine availability, young infants who contracted COVID-19 were found to have robust and enduring immunity by every measure even three years later. Perhaps some clues lay within this interesting cohort.

Mumper saw a great opportunity to pull the rug from under their feet. She said:

> "I am a pediatrician in Virginia. I have been shocked at how well my infant patients did with COVID-19. The CDC has told us that the survival rate from COVID-19 is 99.997% in these infants. Now you, too, are telling us that we know these kids have great protection two years after infection.
>
> "I am wondering why I should be pushing these vaccines on a 6-month-old when I don't have any long-term data on what things like lipid nanoparticles do to babies. So convince me!"

(Laughter from audience.)

Poland to the panelist: "You have 30 seconds to answer."

(More laughter.)

Panelist: "That would require more time and a bottle of wine."

(Laughter.)

Panelist: "I don't think I can answer that question."

Mumper: "OK, Anybody else?"

Panelist Andrea Carfi, Ph.D., chief scientific officer at Moderna, took a shot at it, pointing out that Mumper is under the "misconception" that long-term effects of COVID-19 are less than that of the vaccines while admitting that he didn't know what the long-term sequelae of infection were either.

Poland accepted Carfi's response as sufficient and closed the discussion.

Those sitting next to us once again noted the merits of Mumper's concern. Moreover, Carfi's response didn't resolve the issue at all. If the long-term effects of both the vaccine and the infection are unknown, on what grounds are we pushing the jab on these children?

Final thoughts

This was a rare opportunity to engage with vaccine proponents in their own house on their own terms. In my assessment, their foundation is crumbling and their structure will eventually collapse.

The big players must see this, which is why they are quick to squelch any lines of inquiry that will expose the hypocrisy.

This wasn't lost on the audience. As I mentioned, some of them were able to realize that simple questions were not met with clear answers.

It is clear to me that the "pro-vaccine" camp is not as monolithic as we often think. There is a spectrum of skepticism amongst them. They also recognize that the vaccine-hesitant range the full continuum from "SARS-CoV-2 virus deniers" to the "wait and seers."

They have the means to construct sophisticated "information" campaigns that target the vaccine-cautionary with specific messaging.

I suggest we use their model to at least acknowledge that we can be more precise in how we bring them to their senses.

In my first open comment in a roundtable discussion, I summarized the situation as follows:

> "There are many people who are vaccine-hesitant that do not have the capacity to read scientific papers and analyze data. They see two groups who are mirror images of each other. Both sides think the other side is incredibly gullible, that they are listening to misinformation spreaders and are endangering the rest of us for their own personal gain.
>
> "They can also see the one big difference between the two. One side is asking for an open discussion around this important issue. The other believes that only their side should have the right to express themselves while the other needs to be silenced.
>
> "How do you think this is going to play out? Why would the undecided ever choose to follow the group that advocates censorship over open debate?"

By refusing to engage us in any meaningful exchange they may be able to bring over a few of the vaccine-hesitant to their side by what can be best described as "conversion therapy."

However, in the end, their tower will topple because it is not based on logic, the scientific method or the unassailable facts. It relies on censorship of the voices of those who are qualified to speak on the matter to manufacture "consensus."

It is incumbent on us to decide what should be done to hasten the inevitable emergence of sensibility around this matter.

I am quite certain there are people who know vaccines are causing incalculable harm but advocate their widespread use anyway. A few of them were likely at the conference. They won't be swayed by open debate, however, they represent only a tiny minority of all vaccine advocates.

I suggest that we begin by not regarding every vaccine proponent as an engineer of mass murder. Most are woefully uninformed. In attempting to achieve herd immunity they have succumbed to herd mentality. They need to be reached.

In my recent experience, I see that it is possible through open dialogue. This is precisely why the engineers of this pandemic and its response want to make sure this never happens. Despite what they say publicly, I don't think they are worried about the vaccine skeptics remaining hesitant — they are worried about losing members of their own herd to the truth.

Subscribe to The Defender – It's Free!
First Name.. Last Name.. Email.. SIGN UP

SUGGEST A CORRECTION

Madhava Setty, M.D.
Madhava Setty, M.D. is senior science editor for The Defender.

Sign up for free news and updates from Robert F. Kennedy, Jr. and Children's Health Defense. CHD is planning many strategies, including legal, in an effort to defend the health of our children and obtain justice for those already injured. Your support is essential to CHD's successful mission.

Republishing Guidelines

Children's Health Defense Comment Policy
We welcome relevant and respectful comments. Off-topic comments may be removed.
Please read our Comment Policy before commenting.
Got it

70 Comments Login ▾

Join the discussion…

LOG IN WITH OR SIGN UP WITH DISQUS ?

Name

♡ 10 • Share Best Newest Oldest

holisticpoet
8 days ago

This is by far the best article, (expose), about the vaccine industry that I have ever read. Mumper and Setty have done an exemplary job at giving insight into the inner workings of those who want to force us to use their products. They have also planted seeds of change into the hearts and minds of some of those who attended by asking the right questions.

It would be interesting to know who receives the monies paid by those who attended. No doubt that the high cost of admission is to keep out those who are deemed undesirable and the majority of fees paid to attend are paid by corporate sponsors.

27 0 Reply • Share ›

GarySummers → holisticpoet
2 days ago

#***Breaking***#
Dr. Naomi Wolf gives a "Breathtaking Report" on Vaxx Information she has Discovered.
Hopefully CHD, and ICAN, will run with her Detailed Information?

That the Pfizer Jab, others?, was a CCP "Bio-Weapon", made by CCP Proxy Vaccine Company's. One in Springfield, MA, and Princeton, NJ., others in foreign Countrys.

She outlines this with 'Precision' in her lecture at 'Hillsdale College Speech', 04/2023.
"If you watch 'any Video Today watch this one', '#34:34 MIN Mark' & Forward it gets Very Interesting". "She presents her case", and will leave you Spellbound? CCP never gave the
Jab to their people, but 'Biden Admin Mandated it" for US Military, Etc. 'Legions need to be held accountable if she is correct?' Expedited Congressional Hearings, and Comprehensive Investigation should be in Order. Hopefully the "White Hats" will run with this information,
in essence if correct, CCP declared 'Hybrid Warfare" on the Western World?

" Naomi Wolf - What's in the Pfizer Documents? - Full Hillsdale College Speech "
https://rumble.com/v2i3uhi-...

0 0 Reply • Share ›

mcwinaz
8 days ago

Good for you, Dr. Mumper and Dr. Setty, for actually enduring that entire conference w/o losing your will to live. There are absolutely NO words for some of the statements that were made to you. The fact that you both kept your cool and logically answered the absurdities w/o melting down is a tribute to you both. The people representing this 'Congress' are not fit to remodel a bathroom, much less be decision-makers in anything vaccine-related..

This quote from someone in totalitarian Australia is one of those 'cannot believe' statements..

"We cannot give any voice to the critic," she told me. "Once the public sees them on equal footing with us they may believe what they are saying."

19 0 Reply • Share ›

Polly Green → mcwinaz
8 days ago

The same people who dress up a male psychiatrist in a skirt and military regalia and call him "Rachel" with a straight face, and lionize a sick woman who killed crying children and teachers, are calling us "crazy" because we dare to doubt "100% Safe and Effective"? Oh please.
Next they'll tell us the oceans are boiling—oh wait, Al Gore does say that....

9 0 Reply • Share ›

Bruce Thompson → mcwinaz
2 days ago

I only wish that many in Australia would at least listen to what they are saying. As time goes on much of what the so called, demonized and much vilified 'anti-vaxxers' have been warning about since the beginning of this engineered pandemic. Get and read the book CAUSE UNKNOWN and realize that those represented in the book are only a small portion of those that are victims of the vaccines. The lengths to which pHARMa will go to continue to ramp up their 'gravy train' has no end

1 0 Reply • Share ›

Seabreezes1
8 days ago edited

Yup - I said it before about fluoridation promotion, and it applies to every scientific controversy.

"Many are truly ignorant, others are willfully blind, but some are dishonest. Power, prestige and paychecks motivate them."

https://greenmedinfo.com/bl...

see more

19 0 Reply • Share ›

BChristine → Seabreezes1
8 days ago

"Many are truly ignorant, others are willfully blind, but some are dishonest. Power, prestige and paychecks motivate them.".
ABSOLUTELY!

8 0 Reply • Share ›

Ricky Ricardo
8 days ago

I find the term "Vaccine Hesitant" to be offensive and I take it as a personal insult to my intelligence! That's aside from the **FACT** that the mRNA shot is not a "vaccine"!

17 0 Reply • Share ›

Polly Green → Ricky Ricardo
8 days ago

I like to own the term "anti-vaxxer" because they really tried in the two years prior to 2019 to mold it into an accusation word with the same impact as "racist." This website has been filled with the horrors of those trusting souls who handed over their good sense to the tv gods and regretted it dearly, yet what did they all say, even after injury or death of a child? "I'm not anti-vaxx!" Really!??What more does it take, I want to ask them. Do you need to lose your own child to death? Or your spouse? Or your job? How much are you willing to give give give to sustain the lies of the vaccine cult? It's like trying to make a deal with the executioner as you're up to the gallows, not realizing he was paid off long ago. These victims don't yet understand that the Cult has zero use for you if you're injured. They'll do everything necessary to discredit the injured and dead. And they sleep like babies.
I see the term as a badge of honor and proof of integrity.

12 0 Reply • Share ›

Seabreezes1 → Polly Green
7 days ago

I agree. When I began opposing fluoridation policy, I was repeatedly called an anti-vaxxer - I had no idea that was even a thing. After protesting for a while that I had no problem with vaccines, I decided to look into it (2016). Even if the vaccines were effective without side effects (they aren't) they are badly contaminated and contain adjuvants. Both the contaminants and adjuvants will cause inflammatory and autoimmune symptoms. But both fluoridation and vaccination were promoted with the same language by HHS, FDA & CDC who suppress evidence of harm. That's when I realized we were dealing with a cult-like organizational bias that is willing to kill.

So, yes, I'll own the "anti-vaxxer" label as what it really means is someone who did their homework and has the integrity to speak truth to power in defense of all of us.

13 0 Reply • Share ›

ME MCC → Seabreezes1
2 days ago edited

Yep!!! Throw me in with that group!! I'll consider myself in good company - the ones on the right side! If only I'd known 20 years ago what I know now...

2 0 Reply • Share ›

Ricky Ricardo → Polly Green
7 days ago

I'm quite sure that TURDeau called the Peaceful Trucker's Freedom Convoy anti-vaxxers, racist, misogynistic and other disparaging names. He must have been thinking of himself.

4 0 Reply • Share ›

jbd → Ricky Ricardo
7 days ago

yes he did..and more

5 0 Reply • Share ›

Alexander Stepanov → jbd
7 days ago

j.trudeau is Canada's destroyer, most dangerous criminal!
Canadians must not tolerate him!

5 0 Reply • Share ›

ME MCC → Alexander Stepanov
2 days ago

Bewilders me why they do?

1 0 Reply • Share ›

Ricky Ricardo → jbd
7 days ago

Exactly! Now you know why I call him TURDeau! As citizens of this once great country; do we tolerate this TURD?
Unfortunately, he's a WEF bum boy and he's not going anywhere, until he totally destroys Canada!

3 0 Reply • Share ›

Polly Green → Ricky Ricardo
7 days ago

Canadian attorney "Viva Frei" (David Freiheit) calls that "confession through projection."

3 0 Reply • Share ›

Beatrice → Polly Green
7 days ago edited

Yes and that's the tactic of the progressives via the Biden admin since day one. It's quite remarkable how effective their equality, anti-racism, diversity agenda has been when THEY are the racist elitists who are destroying our Constitutional freedoms and attempting to turn us all into their slaves who live in their ghettos. The ignorant and naive progressives don't even realize that they have been manipulated and groomed to dig their own graves- the same way the Nazis got the Jews to do their accounting and record keeping (before they were exterminated).

3 0 Reply • Share ›

Ricky Ricardo → Polly Green
7 days ago

Yes; there does seem to be a lot of "projection" coming out of the mouths of these scum...mis/disinformation comes to mind!

2 0 Reply • Share ›

Len Hughes → Ricky Ricardo
2 days ago

Totally Ricky Ricardo (nice try, but I love the name!), I never let the vaccine hesitant or anti-vax go. Always correct people and say "I'm pro-informed decision." Usually I receive some form of push back when I clarify my position, but tough, I'll embarrass them if need be. To those of us who are informed we can refute their lying stats and put them in their place if they want to test us. I never yell at anyone or get upset, but if they think they can incorrectly label me, not going to happen.

2 0 Reply • Share ›

Leslie Taylor
8 days ago edited

How good it is that you attended this conference and reported on it Dr. Setty. The vaccine pushers seem uncomfortable about what they've been pushing and may be desperate to convince others, and themselves even, that they've been right. You ask, "So, the number one (so-called) disinformation spreader may be running for President of the United States. What do you think should be done?" She (Katie Attwell, Ph.D., a professor from the University of Western Australia) smiled uncomfortably and said, "Yes, it's going to be hard to keep him from getting oxygen." That's quite a hostile statement. Maybe she should be prohibited from entering the United States.

14 0 Reply • Share ›

Pilgrim → Leslie Taylor
7 days ago

The disdain the vaccine promoters have for those who chose not to be vaccinated is chilling.
You asked great questions to individual doctors, pharma and bio tech employees. They
did not seem to know about all the injuries and deaths around the world. Their opinion makes sense if a person thinks that injury is extremely rare. Shame on all of them for being so biased and grossly uninformed. Another question worth asking would be about the vast fortunes made by the vaccine companies and the pressure of marketing with a media blitz. The biggest red flag when promoting a mystery product is the level of indemnity and no liability granted these companies. Americans are being pressured to take an unknown drug with hasty trials with unknown long-term health effects at great risk. Clearly this arrangement of government and vaccine companies merging to push nanotechnology shots with quick and shoddy testing is a criminal enterprise worth our hesitation. Blinded by dollars.

3 0 Reply • Share ›

ME MCC → Pilgrim
2 days ago

That's why the PREP ACT must be repealed!!

0 0 Reply • Share ›

d sanders → Leslie Taylor
8 days ago

Absolutly agree. Not a benign statement at all.

2 0 Reply • Share ›

FanvanteamDeHond → Leslie Taylor
14 hours ago

'It is going to be hard to keep him from getting oxygen' ...Attwell, Ph.D.

Bad, and or very ignorant, people are better understandable to empathically and morally capable people when realising their brain functions as a computer. A computer can do a lot of thinking, but doesn't know morality and cannot see anything qualified between 0 and 1, for instance 'maybe'.
Bad and very ignorant people can only communicate in binairily language.
And...as far as my knowledge goes, they cannot lie. They can change the subject, turn things around, are masters of accusing their opponents of the bad things (only!) they do, but they cannot lie.
And besides that, they appeared to me to generally being quite honest in whathever they say, far more often than I can imagine of such amoral persons. If we can hear them properly. Which we can not do automatically.

It is helpfull sometimes to understand what a moral people are saying bij taking it, computer-like, litteraly.

In this case the JFK jr remark probably contains nothing more or less than the reality of Attwell:

see more

0 0 Reply • Share ›

Stephen Simac → Leslie Taylor
6 days ago

My guess is that she did not realize Dr. Setty was referring to RFK jr, and probably thought he meant Warp Speed Trump.

0 0 Reply • Share ›

donegoing2002
8 days ago

Had I had the where with all to attend, and sufficient funds, I would have bought stacks of "Cause Unknown" to hand out to the attendees. I would have had in hand the data showing over 300,000 Americans died from the shots, and proudly shown this to one and all. I would have had copies of the studies such as Drs. Bhakdi and Burkhardt showing the 15 autopsy results and concrete proof that the vaccines are deadly. It's likely the police would be called and I'd be removed, but they'd know that I was there. I pray for the day when most of this group are handcuffed and jailed, because they participated in mass murder and must be held accountable. If the names and home address's of these people were published, we could send them some of this material right now.

12 0 Reply • Share ›

d sanders → donegoing2002
8 days ago

Thank you, yes.

2 0 Reply • Share ›

Lonnie Weinheimer → d sanders
7 days ago

Some of us were outside the conference, handing out information about "Cause Unknown". Very interesting, day. Most were unwilling to look at it. A couple commented "This is very strange that you would give this to us here. Do you know who we are? This is a conference of vaccine manufacturers!" I answered, "Yes, that is exactly why we wanted to talk to YOU.!" A couple others offered that they thought about 25% of conference attendees knew, and agreed with at least part of what we were saying, but would be unwilling to be seen accepting or carrying such information. Much lower percent than that was willing to talk with us or accept our flyers.

5 0 Reply • Share ›

T.Martin → Lonnie Weinheimer
3 days ago

I tried to picture myself as if I were an employee of one of these pharmaceutical manufacturers, or one of the other organizations trying to convince people to take vaccines and was blindly unaware of any harms or toxicity and truly believed in these products.. What would I do if I was approached by you and others handing out information on deaths or injuries associated with these shots. Would I accept the flyer? Read the flyer? Be embarrassed to be seen accepting or reading the flyer?
I think the majority of people attending this convention are so immersed in and trusting of the vaccine technology/process/approval that they can't mentally conceive the notion it could ever cause harm or deaths. They've been brainwashed from birth--like the majority of the world-that vaccines are the safest most wonderful concoction ever created.
Sadly that mindset is VERY hard to undo UNLESS it happens to you or your child/loved ones.
It takes humility (very few of the "higher-ups" have this),

see more

1 0 Reply • Share ›

ME MCC → Lonnie Weinheimer
2 days ago

Thank you for being present and giving that out. God bless you for not being silent.

0 0 Reply • Share ›

Gary Brown
8 days ago

Thanks Madhava Setty, M.D.senior science editor for The Defender!

Apr 8, 2023 Fatal Massive Multi-organ Inflammation in a Teenager after COVID-19 Booster Insights from Autopsy Study Help Explain Thousands of Unexpected Deaths from "Unknown Causes"

One of the most vexing questions in the epidemiology of COVID-19 vaccine death is: why are some people fine and others develop fulminant fatal syndromes? This leads to the next logical question: who is the next to die after COVID-19 vaccination? This is a question that parents of a 14-year old Japanese girl wished they would have asked before she rolled up her sleeve for her third BNT1262b2 mRNA COVID-19 vaccine/Pfizer (Comirnaty®) which was not medically necessary nor clinically indicated. In other countries it would not be offered and even the WHO says healthy children don't need to risk COVID-19 vaccination.

https://petermcculloughmd.s...

see more

12 0 Reply • Share ›

Seabreezes1
8 days ago

"We cannot give any voice to the critic," she told me. "Once the public sees them on equal footing with us they may believe what they are saying."

Yeah - that stonewalling position has worked well for the fluoridation-zealots for 78 years. It's only beginning to crumble.

11 0 Reply • Share ›

BChristine
8 days ago

Just Wow. Such an informative outline of this 'event', and well-written from the perspective of Dr. Setty. A comment from Seabreezes1 said it well: *"Many are truly ignorant, others are willfully blind, but some are dishonest. Power, prestige and paychecks motivate them."*.
Dr. Mercola has written extensively about the "vaccine hesitancy" issue these pushers are so concerned about ... "it's all about messaging". YES, all about messaging and pushing lies and misinformation. Some may fall for it, but the one's who have stood strong will continue to do so. And for the record, it's not a "HESITANCY" issue. It's about knowing the FACTS vs the LIES.

9 0 Reply • Share ›

Polly Green → BChristine
8 days ago edited

Look at what they're doing to Matt Taibbi now. He's learning the hard way that you cannot get dinner party invites if you stray from the Regime's narrative in your hunt for facts. He's about a week away from feeling the full brunt of their "deep disappointment" in him. Some Fox executives are discussing his future now, I'm sure.
Unlike the tenacious author, if I'd been in DC, I would've lost it and been dragged yelling and screaming from these presentations. All evening I've been indulging in fantasies about what I'd say. I was once part of a group of patient witnesses in an FDA hearing and way back then (circa 2008) it was a farce, theater, designed to denigrate those with actual experience with a drug.

2 0 Reply • Share ›

Beckie
8 days ago

It seems to me that it is very important for more doctors and scientists to attend the World Vaccine Congress and speak out like Dr. Madhava Setty and Dr. Elizabeth Mumper. The comments of these two doctors seemed to be positively received by quite a few of their peers. Imagine if 20 of them showed up next time.

6 0 Reply • Share ›

Pegasus Rising
7 days ago

I enjoyed this article. Thank you to you both for attending and reporting on this event, it would have been very challenging. What this article highlights is the importance of asking questions rather than making statements, it forces them to think! It can be done in a non-confrontational way & helps to open communication. Not only do you learn things about the other person but it plants seeds, it plants questions in their minds.

5 0 Reply • Share ›

Peter
8 days ago

What an amazing article, my mind is blown. How can they be so blind?

5 0 Reply • Share ›

d sanders ➜ Peter
8 days ago

Money is their blindfold to the truth and facts.

5 0 Reply • Share ›

Bruce Thompson ➜ d sanders
a day ago edited

And if they refuse too read it. Then they still don't know and can blindly continue to take money from the pHARMa 'Gravy Train'.

0 0 Reply • Share ›

MICHAEL
7 days ago edited

This is an excellent article and a great contribution to the enlightenment of everyone in this debate (which is everyone whether they know it or not). The use of the conference and participant comments is genius and a whole new way to cover this subject. Clearly the best way to fight the bad policies and misinformation is to fully understand the people perpetrating it. This article is a real contribution to that understanding....it helps us understand that most pro-vaccine people are simply uninformed (a form of 'Stockholm Syndrome') and just don't hear or read anything authoritative because it will disagree with the dogma spooned out by their handlers.

I think Sun Tzu referred to this deep understanding (excuse the reference to the "enemy" because I don't consider our fellow American's enemies but to preserve the sense of Sun Tzu's writing)...

"If you know the enemy and know yourself, you need not fear the result of a hundred battles. If you know yourself but not the enemy, for every victory gained you will also suffer a defeat. If you know neither the enemy nor yourself, you will succumb in every battle." Sun Tzu

The vaccine proponents don't read scientific papers or listen to real experts in the field.

see more

4 0 Reply • Share ›

Pegasus Rising ➜ MICHAEL
7 days ago

Don't forget DARPA.

2 0 Reply • Share ›

T.Martin ➜ MICHAEL
3 days ago edited

they know that if some of their employees and uninformed Drs/scientists start questioning "WHAT IF?" they've lost the ball.

1 0 Reply • Share ›

Lesley D
8 days ago

Fascinating insight into a world few have the chance to visit. The responses of my fellow country women, public health physician - Dame Jenny Harries, were very telling & disturbing to me, as she influences the decisions made which directly affect me. Although, at the moment in the UK we can still say 'no thank you'.
Australian Professor Katie Attwell's tyrannical views, however, seem to suggest that this would not be the case if she was allowed to dictate universal vaccine policy.

4 0 Reply • Share ›

T.Martin ➜ Lesley D
3 days ago

Yes, these two women are "high" on their own importance and how intelligent they think they are. I believe they KNOW what's happening and do not care. They fully intend to keep ignoring and covering it up. They are narcissists and haughty, self assuming people. They will lie and use their position to keep the narrative going. People like this need to be dethroned and prosecuted

1 0 Reply • Share ›

Jorge Cerra
7 days ago

Very good reporting and scientific comments by the author. It was a mercantile show, not a scientific Congress. Thank you.
"In attempting to achieve herd immunity they have succumbed to herd mentality. They need to be reached."

3 0 Reply • Share ›

Alexandra Smith
8 days ago

Thank you for this informative article. I applaud your diplomacy and moderation at an event like this. Thank you also for the work you are doing to wake up these doctors who are woefully uninformed. May they do their research like those who are not anti-vax but anti-MRNA have done.

3 0 Reply • Share ›

shotofhealth
8 days ago

An excellent report, thank you - extremely concerning yet positive at the same time. Those who believe they have the right to inject people with their medical products without any questions being asked are not well-meaning at all - they are sociopaths who believe that they are superior to everyone else and who believe that they know what is best based upon their echo-chamber of lies and propaganda. Reverse the situation and take THEIR children from THEM and give them the same treatment and they will squeal like stuck pigs. They are bullies and the only way to defend oneself from bullies is to fight back, and HARD. They will never believe that they are wrong and it doesn't matter how much logic or how many facts you present to them, they will never, ever look at anything that goes against their religion of pharma worship. The fact that they refuse to talk to anyone who goes against their opinion speaks volumes. These people need to be named and shamed and they need to be exposed where they live and refused service by the companies and shops in their area. They need to feel the wrath of the people and to be severely punished and their jobs and livelihoods destroyed. But before you do that, at least tell them what you are going to do, to give them the chance of recanting their religion. The choice is this a) Listen to the people and accept the facts or b) take the consequences of their actions. This might sound very harsh indeed but these psychopaths are KILLING PEOPLE and INJURING PEOPLE in the MILLIONS. We don't need to treat them with kid gloves - we should be exposing them publicly and destroying them. Forget the legal system, that's a waste of time - use the Court of Public Opinion to destroy them.

3 0 Reply • Share ›

T.Martin ➜ shotofhealth

Children's Health Defense®

Children's Health Defense® is a 501(c)(3) non-profit organization. Our mission is to end childhood health epidemics by working aggressively to eliminate harmful exposures, hold those responsible accountable and establish safeguards to prevent future harm. We fight corruption, mass surveillance and censorship that put profits before people as well as advocate for worldwide rights to health freedom and bodily autonomy.

EN ES FR

SUBSCRIBE - IT'S FREE! BECOME A MEMBER MEMBER LOGIN

Donations are tax deductible to the full extent of the law. EIN #26-0388604

© 2016 - 2023 Children's Health Defense® • All Rights Reserved